

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Jim Saxton</p> <p>Mailing Address PO Box 795</p> <p>City Mount Holly State NJ Zip Code 08060</p> <p>Purpose of Disbursement CONTRIBUTION TO CANDIDATE</p> <p>Candidate Name Rep. James Saxton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2003 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 18470792</p> <p>Date of Disbursement MM / DD / YYYY 06 / 01 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>CONTRIBUTION TO CANDIDATE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tom Allen For Senate</p> <p>Mailing Address 550 Forest Ave Suite 101</p> <p>City Portland State ME Zip Code 04101</p> <p>Purpose of Disbursement ME 1CD</p> <p>Candidate Name Rep. Thomas H. Allen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 18470897</p> <p>Date of Disbursement MM / DD / YYYY 06 / 01 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>ME 1CD</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS</p> <p>Mailing Address 213 LIBSON STREET</p> <p>City LEWISTON State ME Zip Code 04240</p> <p>Purpose of Disbursement</p> <p>Candidate Name MIKE MICHAUD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 18470779</p> <p>Date of Disbursement MM / DD / YYYY 06 / 01 / 2004</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶